

Foster Family Home - Corrective Action Report

Provider ID: 1-560210

Home Name: Ginalyn Paguirigan, CNA

Review ID: 1-560210-7

1542 Iao Lane

Reviewer: Angelica Galindo

Honolulu HI 96817

Begin Date: 8/13/2018

End Date:

9/14/18 10/03/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/13/18. Corrective Action Report issued during home visit with all items due to CTA by 9/13/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) - No current eCrim present for CG#3, last done on 5/16/2015.

7.1.(a)(2) - NO current APS/CAN present for CG#3, last done on 6/18/2013.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(3) - No Job experience form present for CG#3.

41.(b)(8) - No current blood borne pathogen training present for CG#1, CG#2 and CG#3: all three CG's BBP training last done on 2/01/2017, all due on/before 2/01/2018.

Foster Family Home

Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations for CG#3 present for Client #3.

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Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) - No current Liability Insurance present for all CG's. Expired on 11/30/2016.

Asa Gado, RN

Compliance Manager

[Signature]

Primary Care Giver

8/13/18

Date

8/13/18

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Gina Lynn Paquirigan

CCFFH Address: 1542 Iao Lane Honolulu, HI 96817

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	ccr/m Cg #3 done 9/3/18 and placed in binder	9/3/18	I will post all Requirements in front of binder 30 days prior to expiring to prevent future lapses. -for Job Experience I will have a checklist for all my substitutes before they work in the home. -for RN Delegate I will have a checklist for all my substitutes before they work in the home.
7.1(a)(2)	Aps/can for Cg #3 done on 9/3/18 and placed in CTA binder.	9/3/18	
4.1(a)(3)	Job experience form completed for Cg #3 and placed in binder	9/3/18	
4.1(b)(8)	Bloodborne Pathogen training for Cg #1, Cg #2, Cg #3 completed 8/31/18 and placed in CTA binder	8/31/18	
4.3(c)(3)	RN delegated Cg #3 8/29/18 client #3 and placed in chart	8/29/18	
4.9(a)(i)	Insurance liability received on 8/26/18 for all Cgs and placed in CTA binder.	8/26/18	

Primary Caregiver's Signature: 

Print Name: Gina Lynn Paquirigan

Date of Signature: 9/3/18